



# Division of Mental Health, Developmental Disabilities and Addictive Diseases

The Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) provides treatment and support services to people with mental illnesses and addictive diseases, and support to people with mental retardation and related developmental disabilities. MHDDAD serves people of all ages with the most severe conditions and ones that are often long-term. The division also funds evidence-based prevention services aimed at reducing substance abuse and related problems. In FY 2005, MHDDAD served 202,251 people.

MHDDAD staff in five regional offices identify local needs and coordinate the development and implementation of services to meet those needs. Services are provided across the state through seven regional MHDDAD hospitals and through contracts with 25 community service boards, boards of health and approximately 400 private providers.

The division has approximately 7,300 employees, most working in state hospitals. The budget for FY 2005 was more than \$850 million, including \$589 million in state funds.

## **The MHDDAD System**

The MHDDAD system of services is administered through **Regional Offices**. In FY 2006, the regional offices were reorganized from seven down to five. These regional offices administer the hospital and community resources assigned to the region. They oversee implementation of statewide initiatives, develop new services, and expand existing services as needed. They also monitor the services being received by consumers to ensure quality and access. The regional offices make sure complaints are investigated and resolved and conduct special investigations and reviews when warranted. For FY 2006, the regional offices are providing \$500 million in contracts for community services.

**Regional Planning Boards** are made up of citizens who are appointed by county commissions and who serve on a voluntary basis. They help identify local needs and develop priorities for services. They are the voice for consumers and their families in setting local and statewide priorities, as well as serving as advocates to local officials.

**Community Service Boards** are the public providers of community MHDDAD services.

**Consumers and their families** also help shape the system that affects their lives. They make up at least half of the membership of both the regional planning boards and the community service boards. Consumers are also employed in state hospitals and community programs to ensure that their voice is heard in service planning and delivery.

### **Community Services**

The MHDDAD system aims to serve people in the community first, with hospitalization reserved for people who can only achieve the appropriate level of care in those settings. Community services have become more flexible and are more easily tailored to individual needs. Services are designed to promote recovery and independence along with the individual's integration into the regular community. A network of providers, including community service boards, boards of health, and private agencies, provide a range of services to people in their home communities, including: outpatient services; residential services; day treatment, training or support programs; crisis intervention; and supported employment.

**Outpatient Services** include: diagnosis and evaluation; individual, group or family counseling; medication monitoring; education; and service coordination. In FY 2005, 196,185 people received outpatient services.

**Community residential services** provide living arrangements for people with mental illness or mental retardation who need support to remain in the community, as well as detoxification and treatment programs for people with substance abuse problems who need 24-hour, structured treatment. Residential treatment programs serve youngsters with the most severe alcohol and drug-related problems.

**Day programs** help people with severe disabilities learn basic living, social and work skills. Day support services for people with developmental disabilities include activities in typical community settings, activities in training centers, pre-vocational training and supported employment. Day services for people with mental illness include psychosocial rehabilitation programs as well as less intensive peer support services.

**Family support and natural support enhancements** keep consumers in their own communities by focusing on the consumers and their support network, such as family and friends. Services include: training or assistance with social interactions, daily living skills, managing health and diet, respite for caregivers, transportation, person-centered planning, accessing and coordinating medical services, and financial life planning.

**Supported employment** provides the supports people with mental illness or mental retardation need to find and keep jobs. Consumers continue to say that employment is a top priority for them. In FY 2005, 8,172 people with mental disabilities worked in real jobs through supported employment.

Through interdepartmental partnerships, the **Ready for Work** program provides substance abuse treatment for women as part of the federal welfare reform legislation of 1996. The majority of women served are recipients of Temporary Assistance for Needy Families (TANF). Treatment is provided in both outpatient programs and residential programs located across the state. In FY 2005, the programs served 2,690 TANF recipients, assisting them in removing substance abuse as a barrier to employment.

Georgia has expanded **community mental health services for emotionally disturbed children and adolescents** from limited outpatient diagnosis to a full continuum of services, including: counseling services, community supports and in-home treatment services, therapeutic after school programs, respite care, community residential treatment services and crisis services. In FY 2005, over 40,000 children and adolescents with serious emotional disturbances were served in community programs.

In addition, **outdoor therapeutic programs** in Warm Springs and Cleveland, Georgia, serve young people with serious emotional disturbances in wilderness, camp-like settings. In FY 2005, the programs served 230 youngsters.

Prevention services and programs have been implemented in a majority of Georgia communities. These include science-based programs with proven results, parent education programs, after-school mentoring, tutoring, and life skills development programs that build youth resilience against alcohol and drug use and abuse. The Division sponsors and supports the annual Georgia Red Ribbon celebration of drug free living for which the Governor serves as "Honorary Chair." MHDDAD also supports an award-winning statewide Drug Free Workplace program, a maternal substance abuse and child development program at Emory University, and a 24-hour, toll-free helpline (800-338-6746) providing prevention information as well as crisis referrals. During FY 2005, over a million individuals were served by statewide and regional programs. Of these, almost 400,000 participated in science-based programs that have yielded proof that prevention works. According to the 2002 National Survey on Drug Use and Health released in 2004, Georgia was one of the eight states with the lowest percentage of youth ages 12-17 reporting alcohol use in the preceding month; in the lowest fifth of all states for current use of marijuana; and among the eight states with the lowest percentage of youth reporting use of any illicit drug other than marijuana.

### **State Hospitals and Institutions**

MHDDAD hospital services are currently provided by seven public hospitals serving specific geographic regions, as well as through contracts with private hospitals. The seven public MHDDAD hospitals primarily treat people with severe, persistent mental illness, often complicated by substance abuse. Usually, consumers are hospitalized for a short time until they are stable and can return to community treatment programs. In FY 2005, 18,281 consumers were served in state hospitals. 14,287 of those were adults who had a

primary disability of mental illness or substance abuse. 2,722 were children or adolescents who had a primary disability of severe emotional disturbance or substance abuse. 1,403 were people whose primary disability was mental retardation or related developmental disabilities.

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